

## TASM & CTA

### Acknowledgement of Responsibilities Form

(Printed name)

has been authorized to receive access to the DEERS system to support your operations as a Trusted Agent Security Manager (TASM) or CAC PIN Reset Trusted Agent (CTA). The information located on your Common Access Card will enable you to gain access to systems for the purpose of CAC PIN Reset. These systems are government property and may only be used for official purposes.

Acknowledgement of Responsibilities: I acknowledge that I have received U.S. Navy approved training to act as a user of the CAC PIN Reset (CPR) system. I understand that as a CPR User, I will be responsible for the following:

- I will conduct TASM or CTA operations in accordance with the stipulations of an approved Navy CPR Business Process Policy Statement and Standard Operating Procedures.
- For TASMs Only: I will ensure that other TASMs and CTAs are trained and capable of continuing CPR capability for the site in my absence.
- I will use my Common Access Card, and the privileges it conveys, only for official purposes.
- I will follow all specified physical security requirements with regards to the protection of the CPR workstation.
- I will not disclose my PIN to anyone or leave it where it might be observed.
- I will never leave the CPR workstation unattended with my CAC inserted into the reader.
- I will report the compromise of my workstation password, or PIN to the appropriate authorities.
- I will report any suspected misuse (attempted or actual) of the CPR workstation to the appropriate authorities.
- I will follow all approved procedures to verify the identity of CAC holders requesting PIN reset.
- For those CAC holders whose identity cannot be verified or authenticated, I will direct them to the nearest DEERS/Rapids CAC Issuance Facility. Additionally, if attempted compromise is suspected, I will contact the CAC Issuance Facility separately to alert them to the situation.
- I will keep a copy of this Acknowledgement of Responsibilities form in compliance with current practices.

Liability: A CPR User will have no claim against the DOD arising from use of the TASM or CTA privileges. In no event will the DOD be liable for any losses, including direct or indirect, incidental, consequential, special, or punitive damages, arising out of or relating to any erroneous PIN reset procedure.

Governing Law: the laws of the United States of America shall govern the CPR process and equipment.

Acceptance: I understand that once I obtain and use my CPR user privileges that I have accepted the authority of the laws and regulations governing those privileges.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature

**Command:** \_\_\_\_\_ **Site ID #:** \_\_\_\_\_

**Local Commander or Security Official:** I have personally witnessed the TASM/CTA apply the signature above, and personally verified the identity of the person receiving the CAC PIN Reset User credentials.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature

**Title** \_\_\_\_\_ **Command:** \_\_\_\_\_

**Subject:** CAC PIN Reset (CPR) User Qualifications Affidavit

**To:** CAC Program Management Office, CPR Project Officer

The individual named below been nominated as

(    ) Trusted Agent Security Manager (TASM        (    ) CAC Pin Reset Trusted Agent (CTA)

I certify that by use of interviews or other means, I have confirmed that the named individual meets the following qualifications. The nominated individual:

- Is a Common Access Card (CAC) holder
- Is a United States citizen
- Has not been convicted of a felony offense, been knowingly denied a security clearance, or had a security clearance revoked
- Has had a National Agency Check (NAC) background investigation completed
- Is a DoD uniformed service member, DoD civilian, or contractor
- Is capable of sending and receiving digitally signed and encrypted email
- Is trustworthy
- Is knowledgeable of U.S. Navy property accountability procedures
- Has a minimum of six months retainability
- Has a working knowledge of the CPR system and the site to which they are assigned

### **CPR User Information**

**Name:** \_\_\_\_\_  
(Print)

**Command:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

### **Requestor Information**

**Name:** \_\_\_\_\_  
(Print)

**Signature:** \_\_\_\_\_

**Command:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**CPR Trusted Agent Security Manager  
Registration/Revocation Request**

**From:** CAC Program Management Office, CPR Project Officer      **Date:**

**To:** DEERS Security Team  
DEERS/RAPIDS Operations Division  
1555 Wilson Boulevard Suite 609  
Arlington, Virginia 22209-2593

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 133 and E.O. 9397

**PRINCIPAL PURPOSE(S):** Collection of social security numbers and other personal identifiers is used to ensure positive identification of individuals in order to successfully register them as CPR users.

**ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use as follows: The "Blanket Routine Uses" set forth at the beginning of OSD's compilation of systems of records notices apply to this system. The Federal and State agencies and private entities, as necessary, on matters relating to securing information during the conduct of official business, utilization review, professional quality assurance, program integrity, civil and criminal litigation, and access to Federal government facilities, computer systems networks, and controlled areas.

**DISCLOSURE:** Voluntary; however, failure to provide this information will result in failure to register an individual as a CPR user.

**Section I**

**TASM Name:** \_\_\_\_\_

**Select one:**      **Primary TASM** \_\_\_\_\_      **Alternate TASM** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_      **DSN:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Command:** \_\_\_\_\_

**Address Line 1:** \_\_\_\_\_

**Address Line 2:** \_\_\_\_\_

**City:** \_\_\_\_\_      **State:** \_\_\_\_\_      **Zip Code:** \_\_\_\_\_

**Action (select one):**    **Registration** \_\_\_\_\_      **Revocation** \_\_\_\_\_

**Approved/requested by:** \_\_\_\_\_      **Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_      **DSN:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Section II: (To be completed by CPR Project Officer)**

**Approved by:** \_\_\_\_\_      **Date Approved:** \_\_\_\_\_

**Section III: (To be completed by the DEERS Security Team)**

**Approved by:** \_\_\_\_\_      **Date Approved:** \_\_\_\_\_